

**U.S. Department of Labor – Employment and Training Administration**  
**JOB CORPS APPEAL FORM FOR 6- or 12-MONTH SURVEY DATA**

Student Information: (Please Print)				Check Box for Appeal:			
1. Social Security Number				6-Month Placement <input type="checkbox"/>	6-Month Earnings <input type="checkbox"/>	12-Month Placement <input type="checkbox"/>	12-Month Earnings <input type="checkbox"/>
2. Last Name		MI	First Name				
3. Center Attended				4. Date Reported to Initial Placement		Month	Day

**Query SPAMIS-CIS to Get the Correct Start and End Dates for the Appropriate Survey Week and Enter Dates Below**

5. Start Date of Week:	Month	Day	Year	6. End Date of Week:	Month	Day	Year

**Complete Section A or Section B Below:**

**Section A: Complete this section if appeal is for employment during the week. Attach a pay stub for the time period that includes the start and end dates.**

1. Enter Employer's Name:	
2. Enter Total Hours: (worked during the week in question)	
3. Enter Earnings* Unit: (check one)	4. Dollar Amount: (enter earnings for unit selected)
<input type="checkbox"/> Hourly	\$
<input type="checkbox"/> Weekly	\$
<input type="checkbox"/> Monthly	\$
<input type="checkbox"/> Daily	\$
5. Enter any other weekly payments (e.g. bonuses, tips, commissions, etc.)	\$

**\* Earnings per hour must equal or exceed the Federal Minimum Wage to qualify as a valid placement.**

**Section B: Complete this section if the appeal is for education data. Attach a letter from the institution stating student was enrolled/attended for the minimum hours required for a valid Job Corps placement during the week.**

1. Enter Name of School/Training Institution:	
2. Type of School/Training Program (check one):	3. Enter Information on School/Training Below:
<input type="checkbox"/> High School	Grade: Hours attended in week:
<input type="checkbox"/> Post-secondary Vocational/Technical School	No. of hours attended in week:
<input type="checkbox"/> College	No. of credit hours enrolled in:
<input type="checkbox"/> On-the-job Training or Subsidized Employment	No. of hours attended in week:
<input type="checkbox"/> Other Training	No. of hours attended in week:
4. If Other Training, specify type:	

1. Print Your Name:	2. Signature:
3. Agency Name/Code (6 Digit ID Code):	4. Your Telephone: (       )
National Office Use Only:	5. Date Form Submitted:
Reviewed by:	<input type="checkbox"/> Approved: <input type="checkbox"/> Not Approved:      Date: